

Baby Steps: Training Report

Period: _____ Center Name _____

List each caregiver who has attended training in the last reporting period.

Room	Caregiver Name	Training completed this quarter

List all **new** caregivers, their date of hire and who they replaced:

Evaluation of Training (Infant/Toddler Endorsement classes only):

Course # _____ Instructor's Name: _____ Dates: _____

Comments/Suggestions:

Course # _____ Instructor's Name: _____ Dates: _____

Comments/Suggestions:

Course # _____ Instructor's Name: _____ Dates: _____

Comments/Suggestions:
